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TRANSMITTAL FORM

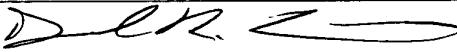
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/656,100
		Filing Date	9/8/2003
		First Named Inventor	Eiji NAKAI et al.
		Group Art Unit	3747
		Examiner Name	T. M. Argenbright
Total Number of Pages in This Submission		Attorney Docket Number	741440-54

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): _____	
			<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Donald R. Studebaker, Reg. No. 32,815 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	May 10, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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FEE TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)**450.00

Complete if Known	
Application Number	10/656,100
Filing Date	9/8/2003
First Named Inventor	Eiji NAKAI et al.
Examiner Name	T. M. Argenbright
Art Unit	3747
Attorney Docket No.	741440-54

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MAY 10 2005
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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

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Deposit Account Number

19-2380

Deposit Account Name

Nixon Peabody LLP

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 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	300	2001	150	Utility filing fee	
1002	200	2002	100	Design filing fee	
1003	200	2003	100	Plant filing fee	
1004	300	2004	150	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	

SUBTOTAL (1) **(\$)** 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from below	Fee Paid
Total Claims	20** =	<input type="text"/> X <input type="text"/> =	0
Independent Claims	3** =	<input type="text"/> X <input type="text"/> =	0
Multiple Dependent		X <input type="text"/> =	0

Large Entity Fee Code	Small Entity Fee Code	Fee Description
1202	50	2202 25 Claims in excess of 20
1201	200	2201 100 Independent claims in excess of 3
1203	360	2203 180 Multiple dependent claim, if not paid
1204	200	2204 100 ** Reissue independent claims over original patent
1205	50	2205 25 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\$)** 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65 Surcharge - late filing fee or oath
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for <i>ex parte</i> reexamination
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action
1251	120	2251	60 Extension for reply within first month
1252	450	2252	225 Extension for reply within second month
1253	1,020	2253	510 Extension for reply within third month
1254	1,590	2254	795 Extension for reply within fourth month
1255	2,160	2255	1,080 Extension for reply within fifth month
1401	500	2401	250 Notice of Appeal
1402	500	2402	250 Filing a brief in support of an appeal
1403	1,000	2403	500 Request for oral hearing
1451	1,510	1451	1,510 Petition to institute a public use proceeding
1452	500	2452	250 Petition to revive -- unavoidable
1453	1,500	2453	750 Petition to revive -- unintentional
1501	1,400	2501	700 Utility issue fee (or reissue)
1502	800	2502	400 Design issue fee
1503	1,100	2503	550 Plant issue fee
1460	130	1460	130 Petitions to the Commissioner
1807	50	1807	50 Processing fee under 37 CFR 1.17(q)
1806	180	1806	180 Submission of Information Disclosure Stmt
8021	40	8021	40 Recording each patent assignment per property (times number of properties)
1809	790	2809	395 Filing a submission after final rejection (37 CFR 1.129(a))
1810	790	2810	395 For each additional invention to be examined (37 CFR 1.129(b))
1801	790	2801	395 Request for Continued Examination (RCE)
1802	900	1802	900 Request for expedited examination of a design application
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$)**450.00

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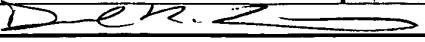
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SUBMITTED BY

Name (Print/Type)	Donald R. Studebaker	Registration No. (Attorney/Agent)	32,815	Telephone	(202) 585-8000
Signature				Date	May 10, 2005

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